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Bib Data Sheet

CONFIRMATION NO. 5752

SERIAL NUMBER 10/711,753	FILING DATE 10/01/2004 RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. LEAR 05035 PUS
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APPLICANTS

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** CONTINUING DATA *****
 N/A SD

** FOREIGN APPLICATIONS *****
 MA SD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	 Examiner's Signature	STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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TITLE
 MULTI-COMPONENT INTERNAL MIX SPRAY APPLICATOR

FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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